

11

File Tools Help

Choose Insured Name - then press Select

Select

Survey ☐ Audit ☒

Close

Figure 1

LAND CO BUILDING & REMODELING, INC.

BILL LANDRY DBA

Insured info: _____		Agent info: _____	
Address: 125 OSAGE WAY SUMMERVILLE, SC 29483		PREFERRED MARKETS INC. 1300 INDIAN WELLS CT MURRELLS INLET, SC 29576	
Contact: BILL LANDRY Phone: (843)851-8344 Fax: _____		FEIN: 571052069 Phone: (800)550-8054 ext: Fax: (800)354-3573	
Policy info: _____			
Policy #: 0000214673		A Est. Premium:	
Effective: 9/10/99 to 9/10/00		Close	

Figure 2

E. Personnel	F. Occupational Exposures	G. Evaluation	H. Flag Listing
<div> <div>A. Survey Information</div> <div> <div>Survey Start</div> <div> <p>Survey started on 9/29/99. Finished on 10/13/99</p> <p>Placed unsuccessful call #: 213 on: 10/13/99</p> <p>Set appointment</p> </div> </div> <div> <div>Contact info.</div> <div> <p>Consultant: Jerard Brasseaux</p> <p>Listed Contact: BILL LANDRY</p> <p>Actual Contact: Bill</p> <p>Contact Phone: (843)851-8344</p> </div> </div> </div>			
<div> <div>Insured: LAND CO BUILDING & REMODELING, INC.</div> <div> <div>Contact: BILL LANDRY</div> <div> <p>Nature of Business: REMODELING</p> <p>Type of company:</p> </div> </div> </div>			

Figure 3

E. Personnel		F. Occupational Exposures		G. Evaluation		H. Flag Listing	
A. Survey Information		B. WC Legal Issues		C. Operations		D. Equipment	
<p>A. Are the following notice(s) prominently posted in a conspicuous place where they would be visible by all employees everyday?</p> <p>1. Employee Notice <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown</p> <p>2. Physician's Panel (GA, PA, TN, VA) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown</p> <p>3. FL only: Has the insured notified it's employees how to contact Cunningham Lindsey for medical referral? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown</p> <p>B. Who is the person responsible for reporting WC claims and for completing the Employer's First Report of Injury or Occupational Disease?</p> <p>Name: <input type="text" value="Bill"/></p> <p>Does that person understand that they are to report ALL claims, immediately, to the Legion Villanova Call Center at (888)892-4381 or by fax to (888)839-0368? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>							
<p>Insured: LAND CO BUILDING & REMODELING, INC.</p> <p>Contact: BILL LANDRY</p> <p>Nature of Business: REMODELING</p> <p>Type of company:</p>							

Figure 4

E. Personnel		F. Occupational Exposures		G. Evaluation		H. Flag Listing	
A. Survey Information		B. WC Legal Issues		C. Operations		D. Equipment	
Total Years in Business: 5 Current owner: More than 3 years? <input checked="" type="radio"/> Yes <input type="radio"/> No		Annual Revenues: \$300,000.00		Are Subcontractor's used? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Describe Operations: residential builder, i.e. general contractor.							
Subcontractor Name	Description	Apv.	Annual Amt.	Cert. of Ins.			
	PLUMBING NDC & Drivers	<input checked="" type="radio"/> Y		<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N
	ELECTRICAL WIRING - WITHIN BUILDINGS	<input checked="" type="radio"/> Y		<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N
	MASONRY NDC	<input checked="" type="radio"/> Y		<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N
	EXCAVATION & Drivers	<input type="radio"/> N		<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> N
	CARPENTRY NDC	<input checked="" type="radio"/> Y		<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N
		<input type="radio"/>		<input type="radio"/>	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> N

Insured: LAND CO BUILDING & REMODELING, INC.
 Contact: BILL LANDRY
 Nature of Business: REMODELING
 Type of company:

Figure 5

Insured: LAND CO BUILDING & REMODELING, INC.
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Figure 6

A. Survey Information		B. WC Legal Issues		C. Operations		D. Equipment	
E. Personnel		F. Occupational Exposures		G. Evaluation		H. Flag Listing	
<p>Special Exposures/Controls</p> <p><input type="checkbox"/> Confined spaces <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Elevated areas</p> <p><input type="checkbox"/> Below ground</p>							
<p>Health Exposures/Controls</p> <p><input type="checkbox"/> Asbestos removal <input type="checkbox"/> Lead Paint Removal <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Over Water</p>							
<p>Demolition or blasting? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Rooftop Repair or Replacement? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>							
<p>Snowplow Public Roads? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Out of State Work <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30 consecutive days</p>							

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Contact: BILL LANDRY

Nature of Business: REMODELING

Type of company:

Figure 7

A. Survey Information	B. WC Legal Issues	C. Operations	D. Equipment
E. Personnel Your Subjective Evaluation <input checked="" type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor		H. Flag Listing Contact refused questions about: <input type="checkbox"/> A: Refused survey <input type="checkbox"/> B: WC Legal Issues <input type="checkbox"/> C: Operations <input type="checkbox"/> D: Equipment <input type="checkbox"/> E: Personnel <input type="checkbox"/> F: Occupational Exposures	
F. Occupational Exposures Comparison to other similar companies <input type="radio"/> Above Average <input checked="" type="radio"/> Average <input type="radio"/> Below Average		G. Evaluation Survey Status <div>Finished</div> <div>Completed: 10/13/99</div> <div>Print Survey</div>	
Additional Comments: <div>Insured has recently hired an employee, in which he estimates paying him about \$18,000 per year. Insured was not sure how much he pays out to each individual subcontractor, but he said the total paid out per year for all subs is about \$200,000.</div>			
<div>Re-Open Survey</div>		<div>Delete Consultant</div>	
Insured: LAND CO BUILDING & REMODELING, INC. Contact: BILL LANDRY Nature of Business: REMODELING Type of company:			

Figure 8

A. Survey Information	B. W/C Legal Issues	C. Operations	D. Equipment
E. Personnel	F. Occupational Exposures	G. Evaluation	H. Flag Listing

Flag Listing

- 0 Points: Informative: Employee Notice is not Posted
 - 10 Points: Payroll amount (\$18,000.00) > listed on policy: (\$1.00)

Insured: LAND CO BUILDING & REMODELING, INC.
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Figure 9

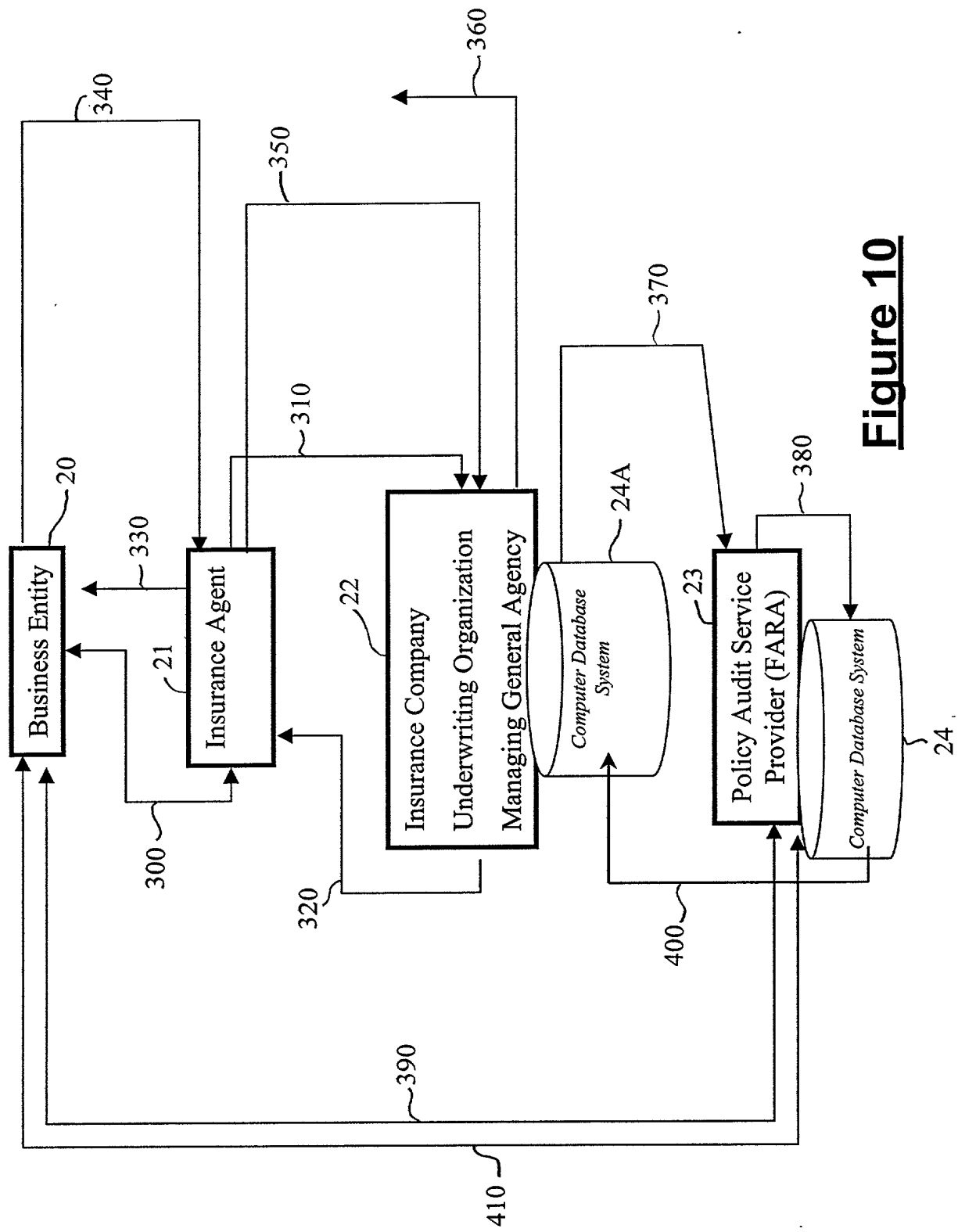


Figure 10

E. Personnel	F. Occupational Exposures	G. Evaluation	H. Flag Listing
A. Survey Information	B. W/C Legal Issues	C. Operations	D. Equipment

Is all equipment consistent with operations?

☒ Yes ☐ No

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Figure 11